

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-1115.M5**

MDR Tracking Number: M5-04-3620-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-24-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that therapeutic procedures, ultrasound, electrical stimulation unattended and office visits for dates of service 7-14-03 – 10-21-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 7-14-03 through 10-21-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16<sup>th</sup> day of September 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

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**NOTICE OF INDEPENDENT REVIEW DECISION**

August 27, 2004

**Re: IRO Case # M5-04-3620** amended 9/10/04

## Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Treatment chart
4. Reviews and reconsideration 8/27/03, 12/23/03, 3/26/04
5. PT evaluation 4/13/03
6. Initial report 5/23/03
7. Initial PPE 5/27/03
8. MRI report right knee 6/12/03
9. Computerized testing reports
10. TWCC work status reports
11. TWCC change of treating doctor 5/23/03
12. TWCC 69 and MMI report 12/15/03
13. PT scripts

### History

The patient injured her right knee in \_\_\_\_ when a cabinet door hit the knee. She was seen by a physician and was treated with physical therapy and medication. The patient then changed her treating doctor on 5/23/03 and was treated with chiropractic treatment and therapeutic exercises.

### Requested Service(s)

Therapeutic procedure, Ultrasound, Electrical stimulation unattended, Office visit,  
7/14/03 – 10/21/03

### Decision

I agree with the carrier's decision to deny the requested services.

### Rationale

The patient had an adequate trial of conservative therapy some three months prior to the dates in dispute with little, if any, relief of her symptoms or improved function. Her VAS was 5-6/10 initially, and after 16 treatments over about three months, it had decreased to only 4/10 on 7/15/03.

The patient had a minor contusion injury of the quadriceps tendon, which should have resolved with proper treatment in 4-6 weeks. The treating D.C. also diagnosed the patient with a knee strain, although this is inconsistent with the description of the mechanism of the injury.

The records provided for this review do not give objective, quantifiable findings to support the treatment during the dates in dispute. Subjective complaints; objective findings such as range of motion, palpatory findings, strength tests; assessment of progress and the treatment plan are poorly documented or not documented at all.

It appears from the records provided for this review that the patient's condition plateaued prior to the dates in dispute, and that the disputed services were not reasonable and necessary for a contusion injury of a quadriceps muscle. A home-based exercise program should have been appropriate and effective for such an injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.